



Original communication

Forensic child and adolescent psychiatry: From field experiences to education standards



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ABSTRACT

Objective: Forensic evaluation of children is one of the most problematic areas of child and adolescent psychiatry. In this study we aimed to examine Turkish Child and adolescent psychiatrists' attitudes and problems in forensic psychiatry.

Method: Thirty nine (80%) of all practitioners who are on their compulsory medical service programme countrywide were reached and requested to complete a questionnaire.

Results: 76.9% of the specialists found their education to be inadequate in dealing with practical issues. The most common reason of this inadequacy was endorsed as not receiving structured forensic evaluation training. The inadequate number or skills of health professionals from other disciplines and excessive workload were the leading factors mentioned as negatively affecting the quality of assessments. Most favoured solutions to solve current problems were reported as reorganising the residency training and curriculum of child and adolescent psychiatrists and establishing education programmes for other disciplines.

Conclusion: The standardisation of forensic psychiatry education in child and adolescent psychiatry training and the establishment of global standards for forensic evaluation teams and processes should be considered as the first steps in enhancing the global quality of child and adolescent forensic psychiatric evaluations.

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1. Introduction

Although it attracts more public attention than most medical disciplines, forensic child and adolescent psychiatry is seldom a favoured area for mental health workers.¹ Forensic assessments

(FAs) have important structural differences from routine clinical evaluations, such as the aim of the interview, role of the clinician, relationship with the child and the style of interviewing. A routine clinical interview aims to obtain information for the treatment of symptoms and mainly has a therapeutic focus. However, the aim of an FA is often gathering information and applying this information to the relevant legal question. In relation to the aim of the interview, forensic interviews definitely differ from the emphatic, confidential clinical interviews. FAs are formal in nature,

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confidentiality is restricted and the clinician has to be objective and neutral in sessions.^{2,3} In addition to the structural differences mentioned, FAs require detailed knowledge of relevant legal issues, criminal and civil justice systems and inter-professional collaboration. The clinicians also have to deal with a number of problems arising from the legal processes.^{1,4} These structural differences and specific challenges have led to efforts to recognise child and adolescent forensic psychiatry as a separate sub-speciality. However, despite attempts, child and adolescent forensic psychiatry training programmes still lack extensive descriptions and standardisation.^{5,6} One of the most important steps in the development of effective educational programmes is harmonising the theoretical knowledge of academic psychiatrists with the field experiences of practitioners that arise from being immersed in the legal system.^{3,4} However, studies on the problems and field experiences of mental health workers on FAs are lacking.

With a population of nearly 25 million youth under the age of 19, Turkey has the youngest population in the European Union Region. Unfortunately, Turkey is also one of the leading European countries in terms of juvenile incarceration rates, and the 2000–2009 period witnessed a nearly threefold increase in juvenile crimes.^{7,8} To address this dramatic increase in juvenile crime, the 2005 Turkish parliament reorganised their nation's juvenile justice laws. The Turkish Act set the minimum age of criminal responsibility at 12; the sentences of children aged 12–14 were tied to psychiatric assessments evaluating their ability to understand the consequences of their actions; and youth aged 15–18 were said to be directly charged with reduced penalties. Sentences of individuals are enhanced if the victim is a child and physical or mental health of victimised child is affected.

Formerly, all psychiatric assessments were being conducted by forensic medicine specialists who did not have any child and adolescent or adult psychiatry rotation during their residency. However, the Turkish Upper Court decided that forensic psychiatric examinations conducted by field professionals (e.g. child and adolescent psychiatrists (CAPS)) would only be allowed by the courts. Following this new decision, due to the paucity of adequate forensic psychiatry-specialised child psychiatrists and professionals from allied disciplines, many of the children involved in the legal system started to be directed to the nearest localised CAP either by prosecutors or judges for a psychiatric evaluation during their legal processes. In Turkey, CAP has been an independent specialty since 1990.^{9,10} Training in CAP lasts at least 48 months including 12 months in adult psychiatry and three months in child neurology. There are obligatory examinations at the beginning and the end of the training, and the trainee must perform at least one research study.

In this study, we aimed to examine Turkish CAPs' attitudes about forensic evaluations and the problems they experienced in conducting forensic psychiatry practice countrywide. We also intended to investigate practitioners' recommendations on forensic psychiatry education, their opinions on the causes of current problems and possible solutions.

2. Method

This study was a descriptive and questionnaire-based explanatory survey. A committee consisting of five CAPs prepared a 14-item questionnaire.

2.1. Sampling

In Turkey, all CAPs who finish their training are subject to a 2–4-year compulsory medical service programme, which was implemented to ensure the equitable distribution of physicians across

geographic locations, and they are also obligated by law to evaluate forensic cases. In February of 2011, a list of all CAPs continuing their compulsory medical health service countrywide was requested by the Turkish Ministry of Health. The practitioners in this list constitute the sample of the current study. The names, institutions and contact information were also received either from the Ministry of Health or from their institutions' official websites. We reached 39 of the 49 clinicians using the given contact numbers and provided them with information on the study. All of them agreed to participate in the study, and a copy of the questionnaire was sent by mail to the participants with a request that they complete it and send it back to an e-mail address we provided. We could not reach ten clinicians who we were told (by their institution directorate) were off duty for a long period for reasons such as family leave, military service or health problems. We did not include university hospitals in the study, because most academicians do not perform forensic evaluations, and the structures are highly variable in such clinics (e.g. evaluators may be trainees or psychologists).

2.2. The questionnaire

Because Turkey has a heterogeneous population from different nations and cultures, it was important to cover the problems generated from transcultural issues. Therefore, we formed a committee consisting of five CAPs working in five different geographic regions of Turkey and a public health specialist who is experienced in surveys and questionnaire formation. The questionnaire used in this study was prepared by this committee.

The questionnaire comprises 14 questions, examining mainly four areas: (1) socio-demographic variables, (2) current practical issues in forensic child and adolescent psychiatry and possible reasons for the problems, (3) respondents' opinions on the adequacy of their education in forensic child and adolescent psychiatry and finally (4) possible solutions to the problems in FAs. The questionnaire was designed so that many questions had closed- and open-ended choices to enable participants to state personal opinions while obtaining the required information. The respondents were asked to not only choose but also rate the five answer choices so that we could evaluate both the existence and importance of the preferred choice. For detailed information, see the English translation of the questionnaire at the end of the text.

2.3. Statistics

The data were analysed using SPSS, version 20.0 for Windows. Frequencies and percentages of the categorical variables were calculated. Fisher's exact test was performed to examine the significance of the association between variables where needed. *p*-Values less than 0.05 were considered significant.

3. Results

The mean age of the CAPs who participated in the survey was 32.2 (SD: 1.8), and 53.8% ($n = 21$) of these were female. Thirty-one of the participants (79.5%) had been working as a specialist for less than two years, and 35.9% ($n = 40$) of the respondents were working as the only specialist in that particular province. In terms of the workload due to forensic cases, 31 of the specialists (79.5%) stated that they were evaluating up to 10 forensic cases per week, while eight of them (20.5%) said that they evaluated more than 10 forensic cases, in addition to their regular duties. When they were asked whether the training they received during their specialisation to evaluate forensic cases was adequate to solve the problems they encountered in their daily practices, nine of the CAPs who participated in the survey (23.1%) rated the education they received

as adequate, whereas 30 of them (76.9%) rated it as inadequate. The inconsistencies between academic circumstances and field practices was the leading reason for this inadequacy, which was reported by 86.7% ($n = 26$) of the CAPs who rated their education as being inadequate. Lack of structured forensic evaluation training and an insufficient number of forensic evaluations during residency were the next most cited reasons. Table 1 shows the reasons for the inadequacy of forensic training.

When asked to assess the quality of the forensic evaluations they performed, 31 of the specialists (81.6%) rated the quality of their forensic psychiatric evaluations as low or moderate, while seven of them (18.4%) rated it as close to ideal or perfect. There were no statistically meaningful correlations between age, experience, quality of education or state of working alone and the quality of FAs. Factors mentioned as negatively affecting the quality of evaluations included the following: the lack of necessary professional expertise of health professionals from allied disciplines (e.g. psychologists, nurses and secretaries who could help in evaluations) excessive workload and the inconveniences originating from other profession groups (judges, prosecutors, police officers etc.). Factors affecting the quality of assessments are summarised in Table 2.

Thirty one (81.6%) respondents reported that the most difficult type of forensic evaluation they experienced involved cases that required an evaluation of the person's ability to perceive the legal meaning and consequences of their criminal actions. Moreover, 30 of them (78.9%) reported difficulties in evaluations of mental health impairment due to the incidence experienced, 30 (78.9%) in evaluations for understanding the reliability of a child's statements, 20 (52.6%) in evaluations of a case's ability to defend him/herself mentally and 19 (50%) in child custody evaluations.

When the specialists were asked about the issues that troubled them the most in their evaluations, 36 of the specialists (92.3%) stated that it was the fact that they were not able to spare enough time for the cases due to heavy workloads. In addition, 33 of them (84.6%) stated that the cases were made to undergo evaluations without their close associates from whom collateral information could be obtained. Moreover, 31 (79.5%) stated that the cases were made to undergo evaluations in an untimely manner and without supplying them any information. Thirty (76.9%) noted that the cases were made to undergo evaluations without their previous statement records or court files. Furthermore, 29 (74.4%) mentioned problems concerning the applicability of the relevant sections of the New Turkish Criminal Code, and 28 (71.8%) said that it was the negative attitudes and demands of the other profession groups

Table 1
Reasons respondents found their forensic evaluation education insufficient.

Reason for inadequacy	% of respondents mentioning this reason	% of respondents marking this item as the most important
Not having received structured forensic evaluation training	80.0	33.3
The time allocated to forensic cases being insufficient during the education	66.7	3.3
Not having evaluated a sufficient number of forensic cases	66.7	3.3
Not being able to receive sufficient support on the subject from academicians	51.3	6.7
University conditions being different from field practice	86.7	50.0
Experience and knowledge of faculty members in the field being inadequate	63.3	3.3

Table 2
Factors negatively affecting the quality of forensic assessments.

Factor	% of respondents mentioning this factor	% of respondents marking this item as the most important
The insufficiency of physical facilities provided by the institution	75.7	8.1
Excessive workload	91.9	51.4
Difficulties originating from the other profession groups (judges, prosecutors, police officers etc.) that are involved in the process	83.8	18.9
Health professionals from other disciplines such as psychologists, nurses and secretaries who would help in evaluations or official correspondences being inadequate in number or not having the necessary qualifications for forensic evaluations	97.3	27.0
Personal reasons (lack of professional knowledge or skills in this subject, other reasons that may affect performance etc.)	64.9	5.4
Difficulties associated with the socio-economic and socio-cultural conditions of the region	70.3	8.1

(judges, prosecutors, police officers etc.). Finally, 22 (56.4%) indicated that the issue that troubled them the most was coping with the emotional burden inflicted on the doctor by the difficult life incidences experienced by the cases.

We also asked questions regarding possible solutions that practitioners find most effective to the problems encountered during forensic evaluations. Thirty-six of the specialists (92.3%) mentioned that the standardisation of forensic evaluation training given during residency would be an effective solution. Thirty-five of them (89.7%) noted that training of the other profession groups (judges, prosecutors, police officers etc.) involved in the issues of forensic evaluation of child and adolescent mental health would be useful. Finally, 35 (89.7%) stated that the establishment of an effective consultancy system to allow them to directly consult on solutions to the problems experienced may be helpful. The psychiatrists' preferences on solutions to the problems are shown in Table 3.

4. Discussion

One of the main findings of the study was the CAP practitioners' evaluations of their education on forensic issues. Nearly three quarters of the specialists found their education to be inadequate in dealing with practical issues. With respect to two studies examining CAP training in European countries, the quality and structure of CAP education in Turkey was found to be above average; this problem seems to be specific to forensic issues rather than training in general.^{10,11} The inadequacy of forensic child and adolescent psychiatry training is a global problem. There are still no direct fellowship programmes, and the existing forensic psychiatry education programmes for CAPs have been based on training for some period in adult forensic psychiatry units despite huge differences between child and adult forensic psychiatric assessments.¹² The reasons for the inadequacies mentioned by CAPs included not receiving structured forensic evaluation training and insufficient time spent examining forensic cases during residency were also

Table 3
Psychiatrists' preferences regarding a solution to the problem.

Solution	% of respondents mentioning this solution	% of respondents marking this item as the most important
Standardisation of the forensic evaluation training	92.3	38.5
Education for professionals from other disciplines	89.7	41.0
Attempts to notify the relevant ministries of the problems	84.6	28.2
Establishment of an effective consultancy system	89.7	17.9
Training in institutions specialised in forensic mental evaluation	71.8	15.4
Vocational training programmes to be organised by the Child and Adolescent Psychiatry Association and/or universities	76.9	7.7
Workshops, symposiums etc. related to the subject in congresses	71.8	7.9

emphasised by many authors.³ The only exception to this was the finding from a study in which 83% of 89 child and adolescent psychiatry training programmes in the U.S. evaluated their teaching of forensic psychiatry as adequate. However, this adequacy is quite subjective, because the mean number of hours provided for forensic education per year was only 21.4.⁴

Another point underlined by the respondents of our survey was the difference between field practice and the academic environment and the incompetency of educators. This perception of practitioners may be attributed to three main reasons. First, there is the general problem of medical education and academicians. Although with their great theoretical knowledge and experience, academicians are the pioneers of medical practices and national policies, depending on the university system of the country, many of them are alienated from current practice and occupied with theoretical, educational or research issues.¹³ This problem is also reflected in CAP. In a study on child and adolescent psychiatry graduates' evaluations of their training experiences, the amount of real-world care was the most mentioned aspect of training that could be improved or changed.¹⁴ The second possible reason for the theory–practice difference is particular to the field. In contrast with some clinical applications, such as the diagnosis and treatment of disorders in which individual differences are lessened with global guidelines, as a relatively new area, forensic child and adolescent psychiatry has been learned in a self-directed manner over careers because of difficulty in locating educational materials and different international applications due to the variability of local laws.³ This situation brings subjectivity and inhibits the 'mirroring' of scientific evidence. Another reason for the field–university difference may be related to challenging the construct of training. Child and adolescent psychiatry training is planned within the walls of the clinic. Such an approach can be sufficient for dealing with routine clinical needs, but not forensic issues. Forensic evaluations are totally different from the primary practice context and require CAPs to struggle with unfamiliar settings and professionals such as courtrooms, the police, judges, lawyers and custodial staff.¹⁵

The problems mentioned by respondents were not restricted to theory. The quality of assessments was rated as low to moderate by 81% of practitioners. The following reasons were mentioned as negatively affecting the quality of assessments: the inadequate number or skills of health professionals from other disciplines, excessive workload and difficulties originating from other profession groups (e.g. judges, prosecutors, police officers etc.). Enhancing the quality of forensic processes and preventing secondary traumas

have been of great concern in the last few decades worldwide. Experience and the growing body of research have shown that the main reasons for the reduced quality are organisational and collaborative problems, and the best solution is a multidisciplinary team approach.^{5,16,17} Given the facts above, some countries have developed their own models and teams for the forensic evaluation of children.^{18,19} In contrast, considering the rate of CAPs was reported as 0.2, child psychologists as 0.1 and judges as 10.1 (per 100,000 people in Turkey), there is also a lack of assistance from other health workers, which may add to the problems.^{20,21} In fact, heavy workload was also mentioned as one of the most troubling aspects of assessments along with other factors such as cases being directed without the required documents and cases being directed at inappropriate times, which may be related with legal authorities' insufficient knowledge on the requirements of forensic psychiatric evaluations of children. An examination of the most troublesome evaluation types reveals that the common ground is the use of expert reports as the basis for possible penalties. Many authors suggest that legal authorities do not have the training required to deal with the problems occurring during child assessments and thus tend to base their decisions on expert opinions.^{16,22,23} This burdens doctors with added responsibility and makes these evaluations harder to manage.

Policies suggesting that practical issues be ignored often result in great disappointment despite the fact that they are based on perfect theoretical constructs. Collaborating with and obtaining feedback from key stakeholders can complete the puzzle by joining theory with practice.

Supporting the efforts to improve the quality of forensic evaluations worldwide, the most endorsed solutions were educational ones. The important point here is the very close rates of the two choices on reorganising the education of psychiatrists and establishing education programmes for other disciplines. This result may be linked with the basic message of practitioners regarding the 'importance of the team approach' and may suggest that efforts involving only one profession will be ineffective.

4.1. Limitations

Although the study was carried out with the participation of 80% of the CAPs performing their compulsory services in all the regions of Turkey, the total number of respondents is still low due to the shortage of specialists countrywide. Despite the questionnaire was prepared by a committee from different regions of country and had open-ended questions we might not have covered all of the problems in the area that is a common limitation of researches based on questionnaire surveys.

4.2. Conclusion

To the best of our knowledge, this is the first study on the field experiences of CAPs on forensic psychiatric issues from a European country, and the results of the study will enlighten professionals trying to standardise forensic education and establish forensic psychiatry as a sub-speciality. Despite its limitations, the results of the study are instructive for forensic child and adolescent psychiatry. The recognition of child and adolescent forensic psychiatry as a sub-speciality has emerged due to the increasing rates of juvenile crimes and crimes towards children. However, considering the shortage of CAPs (which increases the workload) and the challenging nature of forensic evaluations, this sub-speciality may be unfavourable, and the efforts may remain localised to developed countries.

When undeveloped and developing countries are also considered in enhancing the global quality of child and adolescent

forensic psychiatric evaluations as well as preventing secondary traumas, the first step should be the standardisation of forensic psychiatry education in child and adolescent psychiatry training and the establishment of global standards for forensic evaluation teams and processes. To meet the need for relevant documents, the number of forensic guidelines should be increased. In cooperation with local associations, education should start with academicians, which would break the subjectivity. The duration of forensic psychiatry education in CAP training should be clarified, and the minimum number of required forensic evaluations should be identified. A rotation should be added to the training programmes, consisting of visits to other units involved in the legal process. Establishing and managing forensic teams should take part in forensic education programmes. Encouraging the establishment of forensic child and adolescent psychiatry-specialised professionals from other disciplines (e.g. psychologist, nurses, secretaries) and preparing all trainees as team leaders rather than employing them as forensic CAPs only may be more effective. Clinicians should take part in the creation of strategic alliances that promote clinician recruitment to boards for policy drafting.

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Conflict of interest

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